

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116366

1. Entity Name

DEMIURGIC CONSULTING GROUP, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90457 018 ***150.00

Principal Place of Business

Mailing Address

5410 NW EMBLEM ST
PT ST LUCIE FL 34983

5410 NW EMBLEM ST
PT ST LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

1156 SW Hutchins St.

P.O. Box 880151

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

4. FEI Number

65-1062252

Applied For

Not Applicable

Zip

34983

Country

USA

Zip

34988-0151

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEAVLEY, CHRISTOFER R
5410 NW EMBLEM ST
PT ST LUCIE FL 34983

Name

Street Address (P.O. Box Number is Not Acceptable)

1156 SW HUTCHINS ST

City

PORT ST LUCIE

FL

34983

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
ADAMS, JACK E
1156 SW HUTCHINS ST
PT ST LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
JACK D. JEWELL
3038 SW BAKERSFIELD ST.
Port St. Lucie, FL. 34983 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PEAVLEY, CHRISTOFER R
5410 NW EMBLEM ST
PT ST LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher Peavley

Christopher Peavley

4/20/01

Date

561-486-3988

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)